

## FINANCIAL AFFIDAVIT

**INSTRUCTIONS:** This affidavit will help you present detailed information for use in determining the correct amount of child support to be ordered based on the North Dakota Child Support Guidelines (N.D. Admin. Code ch. 75-02-04.1). **Please complete this form and sign it in front of a Notary Public. If you need more space, please attach additional pages. Additional information can also be provided in the Comment section at the end.**

Completing this form fully and accurately will allow you to present information that the court will use to determine your ability to pay child support under the guidelines.

**Attach all requested documents and additional pages and return to the Regional Child Support Unit at** \_\_\_\_\_

### 1. PERSONAL BACKGROUND

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Education (list degrees held): \_\_\_\_\_

List the names and dates of birth of your biological or adopted children who do **not** live with you and the name of the person with whom each child lives, along with that person's relationship to the child:

<u>Child's name</u>	<u>Date of birth</u>	<u>Lives with</u> (name/relationship)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the names and dates of birth of your biological or adopted children who live with you:

<u>Child's name</u>	<u>Date of birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

If you have an adopted child, is the adoption subsidized? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of the individual receiving the subsidy payment (if you receive the payment, enter your name or if another individual receives the payment, enter his or her name): \_\_\_\_\_ and the state (North Dakota or another state) providing the payment: \_\_\_\_\_

Are you currently incarcerated (physically confined to a prison, jail, or other correctional facility)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name and address of prison, jail, or correctional facility where you are confined: \_\_\_\_\_

\_\_\_\_\_

Prisoner Identification Number: \_\_\_\_\_

Date that your current period of incarceration began (include any time that you were continuously confined while awaiting trial or sentencing): \_\_\_\_\_

Estimated release date: \_\_\_\_\_

Are you on work release? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date that work release began: \_\_\_\_\_

(Provide the details of your work release employment in Section 6.  
Do not skip Sections 2 through 5.)

## **2. TAX EXEMPTIONS FOR CHILDREN AND CHILD TAX CREDIT**

List all the children you claim as exemptions on your federal income tax return. If any of these children are not your biological or adopted children, please indicate the relationship (for example, stepchild).

Child's name

Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you claim the exemption for any of your biological or adopted children based on a court order?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the names of the children for whom the exemption is claimed based on the court order:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you alternate claiming the exemption for any of your biological or adopted children with the other parent of those children based on a court order?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the names of the children for whom the exemption is alternated based on the court order:

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Are any of your biological or adopted children for whom you claim an exemption qualifying children for purposes of the child tax credit?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please list the names of the children who are qualifying children for purposes of the child tax credit:

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**3. PRIMARY RESIDENTIAL RESPONSIBILITY (CUSTODY)**

Do you and the other parent in this child support matter have split primary residential responsibility for your children? (Split primary residential responsibility means that you and the other parent have more than one child in common and you and the other parent each have primary residential responsibility for at least one child.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Do you and the other parent in this child support matter have equal residential responsibility for your child or, if there are multiple children, for any or all of those children? (Equal residential responsibility means each parent, by court order, has residential responsibility for the child or children for an equal amount of time.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**4. PARENTING TIME (VISITATION)**

Does a court order specify when you have parenting time with your children?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, based on the court order, is the number of nights any of your children spend with you:

More than 60 of 90 consecutive nights? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
More than an annual total of 164 nights? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If you answered yes to either of the last two questions, please provide the **total** number of court-ordered parenting time nights per child, per year:

<u>Child's name</u>	<u>Total number of court-ordered parenting time nights per year</u>
_____	_____
_____	_____
_____	_____
_____	_____

## 5. CHILDREN'S BENEFITS

Do the children in this child support matter receive any governmental or other benefits on your account? (Examples include dependent's benefits from the Social Security Administration based on your disability or retirement.)

\_\_\_\_\_ Yes          \_\_\_\_\_ No

If yes, list the names of the children, the type of benefit they are receiving, and the monthly amount of such benefit:

<u>Child's name</u>	<u>Type of benefit</u>	<u>Monthly amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 6. EMPLOYMENT

**Attach a copy of your most recent federal income tax return, including copies of all W-2s, 1099s, and schedules. Also, attach a copy of a year-end or final pay stub from each employer who gave you a W-2 form to attach to your most recent federal income tax return. For the current year, attach copies of your most recent pay stubs from all employers to show your year-to-date income from each employer (this includes your leave and earnings statement, if you are in the military). Note: If you have more than one employer, please answer the questions in this section based on your primary job. Then attach additional pages to provide the same kind of information for each of your other jobs.**

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer telephone number: \_\_\_\_\_

Date you started working for this employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Brief job description: \_\_\_\_\_

Rate of pay (complete the option that best describes your situation)

Hourly: \$\_\_\_\_\_ per hour; \_\_\_\_\_ hours per week

Monthly: \$\_\_\_\_\_ per month

Annually: \$\_\_\_\_\_ per year

Number of pay periods (check one)

\_\_\_\_\_ weekly

\_\_\_\_\_ 24 per year (paid twice per month)

\_\_\_\_\_ 26 per year (paid every two weeks)

\_\_\_\_\_ monthly

\_\_\_\_\_ other \_\_\_\_\_

Overtime

Did you work any overtime hours during the past 24 months?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the number of overtime (OT) hours worked in each of the past 24 months:

mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____

Rate of pay for overtime hours: \$\_\_\_\_\_

Do you expect to continue to have overtime hours during the next 12 months?

\_\_\_\_\_ Yes \_\_\_\_\_ No; because \_\_\_\_\_

Commissions and tips

Commissions: \$\_\_\_\_\_ per \_\_\_\_\_

Tips: \$\_\_\_\_\_ per \_\_\_\_\_

Bonuses

Did you receive any bonuses during the past three (3) calendar years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the amount of bonuses received in each of the past three (3) calendar years and the reason for the bonuses:

Year _____	Amount \$ _____	Reason: _____
Year _____	Amount \$ _____	Reason: _____
Year _____	Amount \$ _____	Reason: _____

Do you expect to receive a bonus during the current calendar year?

\_\_\_\_\_ Yes \_\_\_\_\_ No; because: \_\_\_\_\_

#### Employee benefits

Describe the benefits provided to you by your employer and the annual value of each benefit (examples include accrued vacation and sick leave, health insurance, employer retirement contributions, etc.):

<u>Benefit provided</u>	<u>Annual value</u>
_____	_____
_____	_____
_____	_____
_____	_____

#### In-kind income

Describe any in-kind income provided to you by your employer and the annual value of the in-kind income. (In-kind income means you are allowed to use your employer's property or you are being provided with services at no charge or less than the usual charge. Examples include housing allowance or the use of living quarters or being provided with transportation, groceries, or utilities.)

<u>In-kind income received</u>	<u>Annual value</u>
_____	_____
_____	_____
_____	_____
_____	_____

Union dues: \$ \_\_\_\_\_ per month      Name of union: \_\_\_\_\_

Are union dues required as a condition of employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, you must provide proof from your employer if you want this expense to be considered.)

List each professional/occupational license you hold: \_\_\_\_\_

Is the license required as a condition of employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual professional/occupational license fee: \$ \_\_\_\_\_

Is this fee paid or reimbursed by your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you required, **as a condition of employment**, to contribute to a retirement plan?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly amount of required contribution: \$ \_\_\_\_\_

### Employee expenses

Do you have out-of-pocket expenses for special equipment or clothing required as a condition of your employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe these items, your annual out-of-pocket expenses for them, and the amount, if any, that you are reimbursed for them:

<u>Item</u>	<u>Annual out-of-pocket expenses</u>	<u>Amount reimbursed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have out-of-pocket expenses for lodging when you must travel as a condition of your employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, are you reimbursed for these lodging expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please provide the number of overnights in the last calendar year: \_\_\_\_\_ and the current calendar year to date: \_\_\_\_\_

Are you required, as a condition of employment, to use your personal vehicle to drive **between work locations** (this does not include driving between your home and your work)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, are you reimbursed for these mileage expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please provide the number of these miles driven in the last calendar year: \_\_\_\_\_ and the current calendar year to date: \_\_\_\_\_

**If you claim any employment-related expenses for special equipment, clothing, lodging, or mileage, you must provide proof of those expenses if you want them to be considered.**

### Military Service

Are you currently in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, branch of service: \_\_\_\_\_

Rank: \_\_\_\_\_

Years of service: \_\_\_\_\_

Duty station (base and state or foreign country): \_\_\_\_\_

List any monthly payments and allowances that have not already been included above:

Type of payment or allowance	Monthly amount
_____	_____
_____	_____
_____	_____
_____	_____

## 7. HEALTH INSURANCE AND MEDICAL EXPENSES

Do you have access to health insurance coverage, including dental or vision coverage, for your children?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If coverage is or would be available, please provide the following information:

Are you currently enrolled in the **health insurance** plan?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate what type of plan you are currently enrolled in:

\_\_\_\_\_ Single  
\_\_\_\_\_ Single + dependent  
\_\_\_\_\_ Family

If you are currently enrolled in the plan, please provide the names of persons, including yourself, covered under the plan and the effective date of the coverage:

<u>Name of insured</u>	<u>Effective date</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

Telephone number of insurance company (if multiple numbers, please provide the "member services" number): \_\_\_\_\_

Group number: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of policyholder: \_\_\_\_\_

If you are not currently eligible for coverage, on what date will you become eligible? \_\_\_\_\_

Your cost for health insurance is/would be (complete **all** options that are/would be available):

Single plan: \$\_\_\_\_\_ per \_\_\_\_\_  
Single + dependent plan: \$\_\_\_\_\_ per \_\_\_\_\_  
Family plan: \$\_\_\_\_\_ per \_\_\_\_\_  
Child-only plan: \$\_\_\_\_\_ per \_\_\_\_\_



Do you currently have **dental insurance** for your children?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes:

Name of insurance company: \_\_\_\_\_

Group number: \_\_\_\_\_

Policy number: \_\_\_\_\_

Cost of coverage: \_\_\_\_\_

Name of insured

Effective date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you currently have **vision insurance** for your children?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes:

Name of insurance company: \_\_\_\_\_

Group number: \_\_\_\_\_

Policy number: \_\_\_\_\_

Cost of coverage: \_\_\_\_\_

Name of insured

Effective date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Annual amount of out-of-pocket medical expenses you pay for the children for whom support is being determined in this child support matter:

Child's name

Annual amount

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Is it reasonably likely that these medical expenses will continue?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain what these expenses are for: \_\_\_\_\_

**You must provide proof of these expenses if you want them to be considered.**

**8. UNEMPLOYMENT INFORMATION**

**If you are currently unemployed, please provide the following information about your last employment. Also, attach a copy of your most recent federal income tax return, including all W-2s, 1099s, and schedules, and a copy of your final pay stub from your last employer. If you are receiving or have received unemployment compensation, please attach a copy of your benefits award letter or other documentation showing the amount received.**

Reason for unemployment: \_\_\_\_\_

Date you became unemployed: \_\_\_\_\_

Name and address of last employer: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Brief job description for your last employment: \_\_\_\_\_  
\_\_\_\_\_

**Wages for last employment**

Hourly: \$\_\_\_\_\_ per hour; \_\_\_\_\_ hours per week  
Monthly: \$\_\_\_\_\_ per month  
Annually: \$\_\_\_\_\_ per year

**Number of pay periods for last employment (check one)**

\_\_\_\_\_ weekly  
\_\_\_\_\_ 24 per year (paid twice per month)  
\_\_\_\_\_ 26 per year (paid every two weeks)  
\_\_\_\_\_ monthly  
\_\_\_\_\_ other \_\_\_\_\_

**Overtime**

Average number of overtime hours worked per month during the final 36 months of your last employment: \_\_\_\_\_

Rate of pay for overtime hours: \$\_\_\_\_\_

**Commissions and tips for last employment**

Commissions: \$\_\_\_\_\_ per \_\_\_\_\_  
Tips: \$\_\_\_\_\_ per \_\_\_\_\_

**Bonuses**

Please provide information regarding the amount of and reason for any bonuses you received during the final 36 months of your last employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did you receive severance pay when you became unemployed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, amount received: \$ \_\_\_\_\_

Are you now receiving or, within the past 36 months, did you receive unemployment compensation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, weekly compensation amount: \$ \_\_\_\_\_  
Date unemployment compensation began: \_\_\_\_\_  
Date unemployment compensation ended/will end: \_\_\_\_\_

#### Work history

Describe other jobs you have had in the past, aside from your last employer:

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#### 9. SELF-EMPLOYMENT INCOME

**If you are self-employed, please attach copies of your personal and business federal income tax returns, including all schedules, for the last five years. These include, as applicable, IRS forms 1040, 1065, 1120, and 1120S. If you do not have income tax returns, please provide copies of profit and loss statements for this time period instead. Note: If you have more than one self-employment activity, please answer the questions in this section based on your primary self-employment activity. Then attach additional pages to provide the same kind of information for each of your other self-employment activities.**

Structure of business entity:

\_\_\_\_\_ Sole proprietorship  
\_\_\_\_\_ Partnership; percent ownership interest: \_\_\_\_\_  
\_\_\_\_\_ Limited liability company; percent ownership interest: \_\_\_\_\_  
\_\_\_\_\_ S Corporation; percent ownership interest: \_\_\_\_\_  
\_\_\_\_\_ C Corporation; percent ownership interest: \_\_\_\_\_

Name of business entity: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Business telephone number: \_\_\_\_\_

Taxpayer identification number(s): \_\_\_\_\_

Type of business:

\_\_\_\_\_ Farming/ranching

\_\_\_\_\_ Service

\_\_\_\_\_ Retail sales

\_\_\_\_\_ Wholesale sales

\_\_\_\_\_ Manufacturing

\_\_\_\_\_ Other; please describe: \_\_\_\_\_

Description of business activity (e.g., type of service provided, type of item(s) sold, etc.):

\_\_\_\_\_  
\_\_\_\_\_

How long has this business been in existence? \_\_\_\_\_ years \_\_\_\_\_ months

Names of household members who work in this business, the wage/salary paid to the household member, and household member's job duties:

<u>Household member's name</u>	<u>Wage/salary</u>	<u>Job duties</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### 10. OTHER INCOME

**If you are receiving worker's compensation, social security payments, veterans' benefits, military retirement payments, railroad retirement board payments, or any other disability or retirement payments, please attach a copy of your benefits award letter or other documentation showing the amount received.**

Are you now receiving or did you receive worker's compensation wage replacement payments?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, weekly payment amount: \$ \_\_\_\_\_

Date payments began: \_\_\_\_\_

Date payments ended/will end: \_\_\_\_\_

Are you receiving social security disability payments (this does not mean Supplemental Security Income (SSI))?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly payment amount: \$ \_\_\_\_\_

Date payments began: \_\_\_\_\_

Are you receiving social security retirement payments?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly payment amount: \$ \_\_\_\_\_

Date payments began: \_\_\_\_\_

Are you receiving social security survivor's payments?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly payment amount: \$\_\_\_\_\_

Date payments began: \_\_\_\_\_

Are you receiving SSI payments? (Note: SSI payments are not treated as income under the guidelines.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you receiving veterans' pension or disability benefits?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly payment amount: \$\_\_\_\_\_

Date payments began: \_\_\_\_\_

If disability benefits, percent disabled: \_\_\_\_\_%

Are you receiving military retirement payments?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly payment amount: \$\_\_\_\_\_

Date payments began: \_\_\_\_\_

Are you receiving total and permanent disability payments from the railroad retirement board?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly payment amount: \$\_\_\_\_\_

Date payments began: \_\_\_\_\_

Are you receiving occupational disability payments from the railroad retirement board?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly payment amount: \$\_\_\_\_\_

Date payments began: \_\_\_\_\_

Are you receiving retirement payments from the railroad retirement board?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly payment amount: \$\_\_\_\_\_

Date payments began: \_\_\_\_\_

Are you receiving any other disability, retirement, or pension payments not included above?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, source of payments: \_\_\_\_\_

Monthly payment amount: \$ \_\_\_\_\_

Date payments began: \_\_\_\_\_

Dividends and interest.....\$ \_\_\_\_\_ per \_\_\_\_\_

Annuities income.....\$ \_\_\_\_\_ per \_\_\_\_\_

Trust income .....\$ \_\_\_\_\_ per \_\_\_\_\_

Currently deferred income.....\$ \_\_\_\_\_ per \_\_\_\_\_

Receipt of previously deferred income.....\$ \_\_\_\_\_ per \_\_\_\_\_

Was this treated as income to you  
at the time it was deferred?

\_\_\_ Yes; amount previously counted: \$ \_\_\_\_\_

\_\_\_ No

Gifts and prizes (exceeding \$1,000/year).....\$ \_\_\_\_\_ per \_\_\_\_\_

Refundable tax credits .....\$ \_\_\_\_\_

Gains.....\$ \_\_\_\_\_

Describe transaction resulting in gains: \_\_\_\_\_

Spousal support (alimony) payments received .....\$ \_\_\_\_\_ per \_\_\_\_\_

Rental income .....\$ \_\_\_\_\_ per \_\_\_\_\_

Income from royalties.....\$ \_\_\_\_\_ per \_\_\_\_\_

Other (specify).....\$ \_\_\_\_\_ per \_\_\_\_\_

## 11. COMMENTS

Please use this section to provide any other information that you feel would help the Regional Child Support Unit to understand your situation or to supplement answers given above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 12. CHECKLIST OF ATTACHED DOCUMENTS

Please put a check mark next to the documents that are attached to this form:

- ☐ Business and personal federal income tax returns for the last five years (if self-employed).
- ☐ Business profit and loss statements for the last five years (if self-employed).
- ☐ Most recent federal income tax return, including W-2s, 1099s, and schedules.
- ☐ Year-end or final paystub from each employer who gave you a W-2 form.
- ☐ Year-to-date paystub from each employer for the current year.
- ☐ Leave and earnings statement for the current year (if in the military).
- ☐ Unemployment compensation benefits award letter.
- ☐ Worker's compensation benefits award letter.
- ☐ Social security benefits award letter (for disability, retirement, or survivor's payments).
- ☐ SSI benefits award letter.
- ☐ Veterans' pension or disability benefits award letter.
- ☐ Military retirement award letter.
- ☐ Railroad retirement board benefits award letter.
- ☐ Proof of expenses for employment-related special equipment, clothing, lodging, or mileage for driving between work locations.
- ☐ Proof of out-of-pocket medical expenses paid for the children for whom support is being determined in this child support matter.

## 13. SIGNATURE

I state, under penalty of perjury, that the information contained in, and attached to, this Financial Affidavit, is true and correct to the best of my knowledge.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ County, North Dakota